MULTIPLE DEPENDENT CLAIM FEE CALC*.IX.ATION SHEET

(FOR USE \ ... H FORM PTO-875)

1093

SERIAL NO.
10/538455
APPLICANTIC

FILING DATE

CLAIMS

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U.S. DEPARTMENT of COMMERCE										

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MODILI LE DEPENDENT CLAIM FILING DATE 10/538455 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) 20 f 3 **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER **AS FILED** 1" AMENDMENT 2 - AMENDMENT 1" AMENDMENT 2 MAMENDMENT DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 101 151 (1) (1) 102 152 103 (1) 153 (f) 104 ω 154 105 (i)155 (') 106 W 156 (\mathfrak{I}) 107 (i)157 \bigcirc 108 158 109 0159 (1) 110 160 111 161 112 <u>0</u> 162 113 163 $\overline{\mathbb{C}}$ 114 164 (L) 115 165 (\hat{j}) 116 $\overline{(U)}$ 166 <u>(r)</u> 117 (ı) 167 118 (1) 168 0 119 169 120 (1) 170 \odot 121 $\tilde{(}$ 171 122 (1) 172 123 173 124 $\overline{\mathbb{U}}$ 174 125 175 126 176 127 177 128 W 178 129 Ś 179 130 180 131 (L) 181 132 Ų 182 133 (i)183 134 (A) 184 ١ 135 P 185 U 136 186 ١ 137 (1)187 ١ 138 188 ١ 139 189 140 190 141 191 142 192 ٦ 143 193 144 194 145 195 146 196 147 197 148 198 149 ť 199 ١ 150 200 TOTAL IND TOTAL IND TOTAL DEP. TOTAL DEP TOTAL TOTAL **CLAIMS** CLAIMS

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